

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/16/2015
NAME OF PROVIDER OR SUPPLIER SERENITY FAMILY CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 912 BUCKHORN ROAD HARRELLS, NC 28444		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Licensure Section conducted an annual survey and a complaint investigation on 1/15/15 - 1/16/15.	C 000		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure 1 of 2 sampled staff (Staff A) had been tested for Tuberculosis (TB) disease in compliance with TB control measures (2 step Tuberculin skin test) adopted by the Commission for Health Services. The findings are: Review of Staff A's personnel record revealed: - She was hired date as a medication aide on 5/20/14.	C 140		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 140	Continued From page 1 - No documentation of tuberculosis (TB) testing in Staff A's personnel record. Interview with Staff A on 1/15/15 at 3:45pm revealed: - She did not receive a TB skin test when hired. - She had not received a TB skin test since employed at the facility. - She had documentation of 1 TB test from a former employee at home, which was negative. - The facility was not aware of the 1 TB skin test from a former employer. - She did not know the date of the TB skin test. Interview with the facility's Administrator on 1/16/15 at 11:40am revealed: - All employees receive 1st step TB skin test upon hire if needed. - Staff A should have 1st and 2nd steps (TB skin tests). - The Administrator would assure Staff A received TB skin tests as soon as possible.	C 140		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 2 staff (Staff A) had no	C 145		

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C 145	Continued From page 2 substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256 upon hire. The findings are: Review of Staff A's personnel record revealed: - She was hired as a medication aide on 5/20/14. - No documentation of a Health Care Personnel Registry check was in Staff A 's personnel file in the facility. Interview with a facility resident on 1/15/15 at 3:10pm revealed: - Staff A treated residents with respect and was kind to all the residents. - Staff A had never abused any of the residents and provided good care. Interview with Staff A on 1/15/15 at 3:45pm revealed she did not know if the facility completed a Health Care Personnel Registry check when she was hired or any time after she was hired. Interview on 1/16/15 at 11:40pm with the administrator revealed: - The Administrator thought Staff A had a Health Care Personnel Registry check. - It was the Administrator's responsibility to ensure all staff had Health Care Personnel Registry checks prior to hire. - Will assure the Health Care Personnel Registry check completed for Staff A as soon as possible.	C 145		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications	C 147		

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C 147	<p>Continued From page 3</p> <p>(a) Each staff person of a family care home shall:</p> <p>(7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40;</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that 1 of 2 staff (Staff A) had a criminal background check completed upon hire.</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed:</p> <ul style="list-style-type: none"> - Staff A was hired on 5/20/14 as a medication aide (MA). - There was no documentation of a criminal background check on file in the facility. <p>Interview with Staff A on 1/15/15 at 3:45pm revealed:</p> <ul style="list-style-type: none"> - She worked as 2nd shift MA since hired. - She administered medications and provided personal care to the residents at the facility. - The facility did not completed a criminal background check upon hire or after hire date. - Staff A never signed a consent/release for a criminal background check. <p>Interview with a facility resident on 1/15/15 at 3:10pm revealed:</p> <ul style="list-style-type: none"> - Staff A treated residents with respect and was kind to all the residents. - Staff A had never abused any of the residents and provided good care. <p>Interview with the facility's Administrator on 01/16/15 at 11:40am revealed:</p> <ul style="list-style-type: none"> - The facility's Administrator was responsible for new employee's criminal background checks 	C 147		

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C 147	Continued From page 4 upon hire. - Staff A's criminal background check should have been done upon hire per facility's policy. - She would complete Staff A's criminal background check as soon as possible.	C 147		
C 358	10A NCAC 13G .1006 (g) Medication Storage 10A NCAC 13G .1006 Medication Storage (g) Medications shall not be stored in a refrigerator containing non-medications and non-medication related items, except when stored in a separate container. The container shall be locked when storing medications unless the refrigerator is locked or is located in a locked medication area. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure 1 of 3 resident's medication was stored in a separate locked container if stored with non-medications. Observation on 01/15/15 at 10:45 AM revealed a plastic storage bag containing a Risperdal Consta injection kit labeled from pharmacy for Resident #2 on the top shelf of the facility's food refrigerator in the kitchen (which was accessible to all residents). Review of Resident's #2 current FL-2 revealed: - Diagnoses included paranoid schizophrenia, glaucoma, constipation, and functional limitations-speech	C 358		

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C 358	Continued From page 5 - Medication orders included Risperdal Consta injection, 25mg, intramuscular, every 14 days. Interview with a medication aide revealed: - Resident #2 and the resident's Risperdal were always transported to each appointment at primary care physician's office every 14 days for administration. - The Risperdal was always stored in the kitchen refrigerator. - The kitchen refrigerator was accessible to the residents. Interview with another medication aide on 01/17/15 at 11:10 AM revealed that lockable box previously used for refrigerated medications was no longer being used because the key to lock had been lost for several months and had not been replaced . Telephone interview with Administrator on 01/16/15 at 11:40 AM revealed: - She was unaware that the locked box was missing the key and that medication was being stored unsecured. - She would get new lock as soon as possible.	C 358		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled	C992		

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C992	<p>Continued From page 6</p> <p>substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure examination and screening for the presence of controlled substances was performed for 2 of 2 staff (Staff A and Staff B) hired after 10/01/2013.</p> <p>The findings are:</p> <p>1. Review of Staff A's personnel file revealed:</p> <ul style="list-style-type: none"> - Staff A was hired on 05/20/14. - Staff A was hired as a medication aide. 	C992		

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C992	<p>Continued From page 7</p> <ul style="list-style-type: none"> - No documentation of completion of controlled substance examination and screening. <p>Interview with Staff A on 1/15/15 at 3:45pm revealed:</p> <ul style="list-style-type: none"> - She did not receive "drug testing" upon hire. - She had not received any drug testing since hire date. - She thought drug testing requirement started on 10/01/14. <p>Refer to interview with the facility's Administrator on 1/16/15 at 11:40am.</p> <p>2. Review of Staff B's personnel file revealed:</p> <ul style="list-style-type: none"> - Staff A was hired on 12/7/13. - Staff A was hired as a medication aide. - No documentation of completion of controlled substance examination and screening. <p>Staff B was not available for interview during the survey.</p> <p>Refer to interview with the facility's Administrator on 1/16/15 at 11:40am.</p> <p>_____</p> <p>Interview with the facility's Administrator on 1/16/15 at 11:40am revealed:</p> <ul style="list-style-type: none"> - All staff hired after 10/01/13 should receive drug screening upon hire. - Staffs ' A and B should have received drug screening upon hire. - She will assure both employees receive drug screening immediately. 	C992		